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AUTHOR Cavallaro, Marion L.
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ABSTRACT

Since the population of older persons is predominantly female, counselor educators need to incorporate into their curriculum topics related to the unique issues faced by older women. Most counselors in their practice will be encountering at some point the problems of older women. Therefore, the preparation of counselors needs to incorporate material relevant to this area, specifically on understanding the physiological and psychological changes of older women and the strategies that counselors can use to assist older women in dealing with these changes and adjustments. The American Association for Counseling and Development has recently published standards for generic counselors on the topic of gerontological counseling. Counseling graduates will be tested on aspects of gerontological counseling. Suggested topics on counseling older women include: (1) demographics; (2) health issues; (3) mental health; (4) family; (5) mature women and sexuality; (6) widowhood; (7) older women and addictions; (8) resources for older women; (9) other topics such as minority women, elder abuse, effects of work and retirement, older lesbian women, and older women and divorce. Relevant national organizations and media resources are listed. (ABL)

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Counseling Older Women:

Curriculum Guidelines and Strategies

by

Marion L. Cavallaro, Ph.D.

Assistant Professor and Coordinator,

Gerontological Counseling Certificate Program

Trenton State College

Trenton, NJ 08650-4700

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Rationale for Incorporating Counseling Older Women into Counselor Preparation

Since the population of older persons is predominantly female, counselor educators need to incorporate into their curriculum topics related to the unique issues faced by older women. Since our population is experiencing a gradual shift with a higher percentage of older persons, and since the majority of older persons are women, most counselors in their practice will be encountering at some point the problems of older women. Therefore, the preparation of counselors needs to incorporate material relevant to this area, specifically a) understanding the physiological and psychological changes that older women may face and b) strategies that counselors can use to assist older women in dealing with these changes and adjustments.

In addition, AACD has recently published preparation standards for generic counselors on the topic of gerontological counseling (Myers and Sweeney, 1990). in essence AACD is saying that all counselors, no matter what their specialization, need some knowledge and training in the field of gerontological counseling. AACD, under the guidance of Jane Myers, our new president, designed the standards along the CACREP model of the eight core areas (e.g. human development, helping relationship, etc.) Each of those eight core areas now has topics related to gerontology. (These preparation standards were sent to all chairs of counselor educator programs and are also available from AACD).

Under the same project which developed these standards, exam questions pertinent to these standards were developed for the NCC generic exam. Therefore, our graduates will be tested on some areas pertinent to gerontological counseling. Therefore, based on these reasons 1) increasing older women in population; 2) new preparation standards for generic counselors regarding and gerontological counseling; and 3) NCC exam covering aspects of gerontological

counseling, we, as counselor educators, need to incorporate this topic into our curriculum. The ideas for this presentation today have come from two courses which I teach: 1) Counseling Older Persons and 2) Counseling Women. In each course I have units on counseling older women. The material which I will present can be packaged into an entire course on the mental health issues of older women or can be offered as specific curriculum units within relevant, more wide-ranging courses. I do not intend to develop a specific course in Counseling Older Women because we do not have room in our curriculum for too many electives. My emphasis has been on incorporating some of this material into existing required core courses so that all students have some exposure to the material. I have prepared for you a handout which lists the main topics which I will cover. The handout also has listings of national organizations of interest, a reference list and some media resources I will refer to later.

Demographics of Older Women

Certainly any course on a particular population needs to provide the demographics of that population. Students should be informed of the numbers of older women, their life expectancy, marital status, income levels and living patterns. Women comprise nearly 60% of the aging population. In 1986 there were 17.4 million older women over the age of 65, as compared to 11.8 million older men, or a sex ratio of 147 women for every 100 men. The sex ratio increases with age, ranging from 121/100 for the 65-69 year old group to a high of 253/100 for persons 85 and older (AARP, 1987). White women can expect to live eight years longer than their male counterparts, black women nine years longer.

Due to this high population of older women, students in the fields of mental health need to be informed of older women's issues.

Older women have a far different rate of widowhood than do older men. Half of all older women in 1986 were widows. There were over five times as many widows as widowers. Older men are twice as likely to be married as are older women (77% of men, 40% of women) (AARP, 1987). Older women also have a much higher poverty rate than do older men. Fifteen (15%) percent of older women, compared to eight (8%) percent of older men live below the poverty level (AARP, 1987).

Older women are far more often to be found living alone than are older men. In 1986, 43% of older women, compared to 17% of older men, lived alone (AARP, 1987). Widowhood is the main contributor to this fact. Students in the mental health field need to be prepared to work with women living in isolation, many below the poverty level.

These are the types of statistics I would present to students and then discuss their counseling implications. This material would be relevant to incorporate in the CACREP core area of social and cultural foundations.

Health Issues:

While students in the field of counseling do not need to be experts on the medical aspects of aging, awareness is needed of: 1) the common physiological changes of older women and 2) their dominant health concerns.

Under the topic of common physiological changes, normal age-related physiological changes can be covered and their concomitant psychological adjustments. Common sensory changes in vision, hearing and skin can be presented along with their implications for counselors. For example, counselors can assist their clients not only by helping them adapt to these changes but also by modifying their professional environment to accommodate these changes. Students can discuss ways of creating a professional environment conducive to the sensory changes of older women (for

example, being aware of glare, hearing changes etc.)

Most older women are fearful that they may be losing their memory, consequently, the myths and facts regarding age-related cognitive changes can be presented and signs of normal vs. disease-related cognitive changes are discussed.

There are common physiological changes which occur after menopause which can be presented (e.g. changes in the vagina, which may include a gradual loss of elasticity of the vaginal walls, increased dryness of the vagina resulting in itching and burning sensations and the fact that some women experience a lack of lubrication during sexual intercourse, causing pain and sometimes infection). However, women who maintain regular sexual activity often continue to lubricate well and lubricants are available for those who do not.

Estrogen Replacement Therapy for post-menopausal women has been a controversial issue in medicine (Porcino, 1983) and consequently, students should be informed of the reasons why estrogen is prescribed, its benefits and its health risks, including cancer, vascular disease and hypertension. Alternative treatments are available and students should be informed of resources which are available on this issue (Porcino, 1983 and Reitz, 1977).

Older women share many of the same health concerns as older men, including availability of good medical and nursing care, appropriate use of medication, good nutrition, exercise, safety and the interaction of physical and mental health (National Institute on Aging, 1978).

Certain medical problems are more common to older women than to older men. Osteoporosis, a condition in which the bones become thin and brittle, making fractures of the hip and vertebrae likely to occur, affects three to five times as many women as men (National Institute on Aging, 1978). One out of every four white

post-menopausal women over age 50 will suffer from some degree of osteoporosis and one out of ten will be severely affected with pain and immobility (Porcino, 1983). Due to the high incidence of this disease among older women, students should be informed of some of the possible causes, treatments and methods of prevention for osteoporosis. Students should be aware of community resources that can assist women with osteoporosis. Some area hospitals sponsor workshops or prepare materials on dealing with the pain, treatments, how to dress differently, and getting support. Other health problems which are more prevalent among older women than men include osteoarthritis, stroke, hypertension, visual impairment, arthritis and diabetes (National Institute on Aging, 1978). Cancer of the breast, affecting one out of every 10 women, and of the reproductive system are special concerns of older women. As the popularity of cigarette smoking has increased among women, so has women's death rates from lung cancer, increasing 400 percent in the last 30 years (National Institute on Aging, 1978).

Another common health concern of older women may be urinary incontinence because it is especially common in women over age 65. (National Institute on Aging, 1988). Incontinence ranges from the slight loss of urine to severe and frequent wetting. Because those affected often isolate themselves, refusing to see other people or leaving home for fear of an accident, incontinence can be both a medical and social problem. Therefore, counselors need to be aware of the variety of treatments (exercise, medication, and surgery) and where to refer older women with this problem. Again, community resources can be helpful in this area (some organizations have "urinary incontinence nurses" who specialize in visiting the woman's home and instructing her in what she can do.)

Regarding this whole topic of health issues the National Institute on Aging (1988) publication "Health Resources for Older Women" is quite informative. Material pertinent to this topic would be most relevant in counseling coursework dealing with human development and social and cultural foundations.

Mental Health Issues

The diagnosis and treatment of mental health disorders of older women is complicated by the interplay of biomedical, psychological and social factors affecting health and illness in the elderly. Older women are more likely to live alone than are older men and may be misdiagnosed from suffering from senile dementia when in reality, they are lonely, isolated and/or depressed. Loss of vision and/or hearing may increase isolation from the family and community, which can lead to misunderstandings and misdiagnoses. (National Institute on Aging, 1978). It is important that students recognize the complex factors which make the diagnosis of mental health disorders so difficult in older women. For example, loss of hearing often has psychological effects which mimic paranoia and can lead to social withdrawal.

In this curriculum topic students can also discuss the double standard of aging which forms the basis for the sterotypical view of today's older woman as dependent, passive, incompetent and unattractive (Porcino, 1985). Research studies have documented that increasing age is perceived more negatively for women than for men (Datan and Lohmann, 1980) and can affect the mental health of older women (Block, Davidson and Grambs, 1981). Students can discuss the impact of changing body images on older women in a society that values youthful appearances, especially for women.

In class experiential exercises (such as having each person introduce themselves and say their age and listing the term "older man", "older woman" and writing down the social stereotypes for each) are often helpful ways to elicit the double standard of aging in our society.

A major mental health issue for older women is that of loneliness and depression. A common conclusion among most researchers is that older women, due to differential mortality and remarriage rates, are more likely to live alone than are men and to lead solitary and lonely lives (Essex and Nam, 1987). However, these assumptions have been challenged by recent research showing that self-reported loneliness actually declines as people get older (Rubenstein and Shaver, 1982), and that for older women, living alone is not necessarily synonymous with social isolation and feelings of loneliness (Peplau, Bikson, Rook and Goodchilds, 1982). Whether living alone or not, most older women are seldom socially isolated, having frequent contact with family members and friends who live close by (Peplau et al, 1982).

Recent studies indicate that higher rates of widowhood, along with the financial problems that often accompany widowhood, may be partially responsible for the higher rates of depression among older women reported in some studies and that when gender groups are matched closely on marital status, the sex differences in depression are reduced (Hale and Cochran, 1983). Loneliness is a complex phenomenon for older women in different marital statuses; differences in loneliness for older women in different marital statuses can be viewed as differences in the losses they have experienced. Students need to recognize the impact that widowhood may have on older women's psychological, social and financial resources. Since a majority of older women will be faced with

widowhood at some point in their lives, an entire curriculum unit is devoted to this topic which I will cover shortly.

Incorporation of a topic such as mental health issues would be most appropriate in courses in the CACREP common core areas of human growth and development and social and cultural foundations.

Family Issues

Family issues can comprise another curriculum area in the course and cover areas such as 1) the postparenting role, 2) the grandmother role and 3) the caregiver role. As people live longer, the postparenting years expand and different issues may be faced by current older women than were faced by their mothers and grandmothers. For many years women dreaded the "empty nest syndrome" and believed the myth that when parenting stops life becomes empty and meaningless (Porcina, 1983). However, an overwhelming majority of women find relief, joy and a new sense of freedom at this time in their lives. Divorced women, single mothers of dependent children and married women who invested most of their identity into raising their children, are most at risk of experiencing depression at this time in their lives (Porcino, 1983).

For most women, however, the post-parenting years are often ones filled with realizing postponed goals and dreams, a sense of freedom and, if in a stable marriage, greater marital satisfaction.

The grandmother role can frequently be a source of great satisfaction for many older women, providing opportunities to be role models, mediators, nurturers, mentors and teachers. However, there is a no "one way" to be a grandmother and older women can choose how active they want their grandmother role to be. About 10% of grandparents live with their adult children, often taking on important

child care roles while their adult children work. For some grandmothers this is a positive role, while for others it may be burdensome providing child care may be a source of conflict between grandparents and their adult children (Porcino, 1983). Kornhaber and Woodward (1981) have found that children today see much less of grandparents than children in earlier eras. For example, 80% of grandparents see their children only occasionally, 45% live more than one hundred miles from their grandchildren, and 15% never see or hear from their grandchildren. In an age of high divorce rates, one problem faced by an increasing number of older women is the visitation rights of grandparents. If a mother severs ties with former in-laws, grandparents may have no access to their grandchildren and have no legal recourse - this can be a source of great anger and pain (Porcino, 1983). Some states are beginning to examine legislation regarding the rights of grandparents.

The caregiver role is a frequent one for older women: women are nine or ten times more likely than men to care for an aging spouse, a parent or spouse's parent (Boston Women's Health Book Collective, 1984). It is not unusual for a woman in her sixties to be caring for an aging parent and then be faced with the prospect of then caring for an ailing husband. While the prevalent view is that most caregivers are adult daughters, the majority of caregivers are older women caring for their ill husbands. If you consider that 80% of older women have some chronic health condition, then it becomes obvious that caregiving can be a medical and psychological AACD burden. Students preparing to work with older women need to be made aware of the stresses and strains faced by those in the caregiver role. Caregivers frequently report feelings of isolation, sadness and/or, anticipatory grief, denial of the future, anger, resentment,

deterioration of one's own health, and parent-child issues when the adult child is the caregiver (Baum and Gallagher, 1986). Students should be familiar with interventions such as problem-solving skills, support groups, respite care, and personal counseling that are available for care-givers. Again, community resources are essential.

There are a variety of popular books on the market which deal with caregiving. One which I recommend for caregivers of confused older patients is The 36-Hour Day by Nancy Mace and Peter Rabins (1981)(listed in your references). It is a realistic, practical guide to caregiving in this situation and written in a warm and understanding manner.

A film which I use when dealing with caregiving is "My Mother, My Father", produced by Terra Nova Films. It has won 5 national awards and is a documentary which takes a candid look at four families and their conflicting feelings as they deal with the stresses and strains involved in dealing with an aging parent.

The whole topic of Family Issues would fit quite well into courses such as family counseling and those that are in the CACREP category of social and cultural foundations and human growth and development.

Mature Women and Sexuality

Older women are capable of full sexual expression throughout their later years and students should be aware of 1) the myths surrounding older women's sexuality, 2) common physiological changes that may or may not affect sexual activity and the 3) importance of attitudes and communication. Sexual interest and activity of the middle-aged woman is at a peak and often remains so into the sixties and seventies and later if opportunities exist (Weg, 1982). Kinsey and his colleagues have earlier established that a woman of 80 has the same

capacity for orgasm as she had in her early twenties (Kinsey, Pomeroy, Martin and Gebhard, 1955). Certain physical changes occur with the aging of the body and may affect sexual activity. These changes include: thinning of the vaginal walls, loss of elasticity, length and width of the vagina, decrease in vaginal lubrication, slower response to sexual stimulation, a decrease in strength of the muscular contractions occurring with orgasm and shorter duration of orgasm (Porcino, 1983). However not all of these changes may occur in all women. While there may be a slowing in the capacity for orgasm, there is no loss in the ability to have orgasm or even multiple orgasms.

There are certain aids which can help women adjust to these changes (e.g. lubricants) and there are sex therapists with a gerontological perspective who can assist older with sexual concerns. (e.g. widowed women remarrying after many years who has not had sexual intercourse in a long time may be concerned about pain accompany intercourse. There are exercises she can do to help her stretch the vaginal walls so that it won't be so painful.)

While the capacity for sexual expression remains intact, limitations are placed on that expression due to negative societal attitudes about older women and their sexuality, widowhood, divorce, the unlikelihood of remarriage,and social pressure (Porcino, 1985). The most outstanding factor which impedes the sexual activity of older women is lack of a partner.

There are video resources which discuss this whole topic which I have listed in your handout.

1. Sexuality and Aging

   GPN

   Discusses attitudes and gender imbalance and female and male physiological changes

2. Rose by Any Other Name

   Edward Field Production

   A film which depicts the problems of maintaining sexual activity in a nursing home between two older consenting adults

3. A New Life For Rose

   Edward Field Production

   A film which further examines the sexual life of an older women

Material pertinent to this topic would be appropriate for courses in family counseling and in human growth and development.

Widowhood

One of the most stressful life events an older married woman may face is the death of her spouse. Students preparing to work with older women need to be familiar with the following: 1) issues faced by women during early and later widowhood, 2) the normal stages of grieving 3) dysfunctional grief processes and 4) strategies and resources to assist older widowed women.

The types of issues to discuss concerning widowhood include prevalence, multiple issues and effect on health. Most women will be widowed at some time in their lives. The average age of widowhood is 56 and eleven out of twelve wives eventually become widows (Porcino, 1983). The death of a spouse results in multiple losses for an older woman. In losing her spouse a woman may also lose her lover, companion, her personal and economic support, her sense of identity and her lifestyle. Marital disruption is also the major cause of poverty of older women (Porcino, 1985). Recent widows are also at risk for more health problems that their married counterparts. Chronic illness tends to become worse during the first year of widowhood and the death rate of surviving spouses is ten times higher than among married people of similar age and sex (Porcino, 1983).

Grief is a normal response to loss and students should be given knowledge of the four common stages of the grief process: shock, numbness, dis-organization and reorganization. A film which illustrates these stages quite well is "Grieving: Suddenly Alone." This film portrays a newly widowed woman and her emotional response to her husbands death over a 6 month period. Physical distress, such as insomnia, loss of appetite, fatigue, and increased use of alcohol and drugs are often reported during this process as well as feelings of anxiety, hopelessness, anger and guilt (Porcino, 1983). In addition to dealing with their emotional loss at this time older women also face practical considerations such as financial inadequacy, social security, life insurance and employee's benefits.

Students should also be provided with strategies to assist the recently widowed, such as helping a woman recognize her loss, permitting her to openly express her grief and providing reassurance that she will survive. Many communities have widow support groups that may be helpful to some recent widows. All widows should be encouraged to recognize, utilize, and build the coping strategies they have and the social support networks that are available to them.

A curriculum unit on widowhood would be appropriate for courses in the areas of human growth and development, social and cultural foundations and family counseling.

Older Women and Addictions

A curriculum unit on this topic should cover the problems of 1) alcohol use and abuse among older women and 2) the abuse of non-prescription and prescription drugs by this population. Alcoholism is on the rise among older women (Limoges, 1981, Porcino, 1983). Women tend to become alcoholics later in life as problems of changing lifestyles and loneliness emerge. Loneliness and depression are two

prominent traits of alcoholic women and the highest incidence of female alcoholism is among older women (Porcino, 1983). Compounding this problem is the fact that most older women are closet drinkers and are rarely diagnosed by physicians.

Treatment programs addressing the unique problems of alcoholic women are often the most helpful for older women. Alcoholics Anonymous, the oldest and most effective alcohol treatment program, sometimes has meetings just for women. Women for Sobriety (WFS) is a national organization that works solely with alcoholic women and is also a self-help program available for older women.

Women in our society tend to be drug-dependent, but they often do not perceive their prescription drug abuse as a problem (Porcino, 1983). Elderly women use 2.65 times more legal drugs than do elderly men and elderly women who live alone use prescription drugs more heavily than other elderly women (Porcino, 1983). The effects of drugs differ on bodies as they age, older bodies are less able to absorb, distribute and eliminate drugs than younger bodies. Due to their high use of both prescription and non-prescription drugs older women are also at risk of being overdrugged and experiencing side effects of drug interactions.

Curriculum concerning older women and addictions could be infused readily into courses covering social and cultural foundations and in particular, any courses dealing specifically with the topic of chemical dependency counseling.

Resources For Older Women

Students in counseling should be familiar with the resources available to older women that can assist them in the many adjustments they make in their later years. Community based support groups for older women with particular needs are often available through churches, community colleges, YWCA's. Jewish Community

centers, senior centers and other local service organizations. In addition there are a number of national organizations which may have local chapters which may be of interest and help to older women. Some of these national organizations are included in the handout.

The topic of Resources for Older Women would fit into any curriculum area in which one would discuss older women. For example, if covering the topic of caregiving, resources available in this area should also be discussed.

Additional Curriculum Topics

This paper has provided a summary of the major issues faced by older women to incorporate into courses in counseling. Not all possible topics have been mentioned. Depending on the amount of time available and the relevance to the course objectives additional topics could include: unique issues faced by older minority women; elder abuse, including sexual assault of older women; effects of the work role and retirement on older women; older lesbian women and older women and divorce.

Conclusion

As counselor educators we can also be advocates of older women's issues to other faculty members. By encouraging other faculty members to integrate material relevant to older women into their courses and sharing our resources on this topic with them, more of our students will be prepared to work with this increasing population.

Marion Cavallaro, Ph.D.
Trenton State College

AACD 1990

Counseling Older Women: Curriculum Guidelines and Strategies

Suggested topics on counseling women for incorporating into counseling coursework.

1. DEMOGRAPHICS OF OLDER WOMEN: life expectancy, marital status, income levels and living patterns.

2. HEALTH ISSUES: normal age-related changes, common health problems.

3. MENTAL HEALTH ISSUES: complex biomedical, psychological and social factors which complicate diagnosis of mental health disorders; the double standard of aging; depression and loneliness.

4. FAMILY ISSUES: post-parenting, grandmother role, caregiver role.

5. MATURE WOMEN AND SEXUALITY: myths, common physiological changes, and attitudes and communication.

6. WIDOWHOOD: issues faced during widowhood, normal stages of grieving, dysfunctional grief processes, counselor strategies and resources for widowed women.

7. OLDER WOMEN AND ADDICTIONS: alcoholism, drug use and abuse.

8. RESOURCES FOR OLDER WOMEN: local support groups and national organizations.

9. ADDITIONAL CURRICULUM TOPICS: issues faced by older minority women, elder abuse, effects of the work role and retirement, older lesbian women and older women and divorce.

National Organizations

The Older Women's League (OWL)
1325 G Street, N.W. Lower Level
Washington, D.D. 20005

Gray Panthers National Office
3635 Chestnut Street
Philadelphia, Pa. 19104

Widowed Persons' Service
K Street, N.W.
Washington, D.C. 20049

Senior Action in a Gay Environment (SAGE)
208 West 13th Street
New York, N.Y. 10011

Women's Division:
American Association of Retired Persons
1909 K Street, N.W.
Washington, D.C. 20049

Elderhostel
100 Boyleston Street, Suite 200
Boston, MA. 02116

Women for Sobriety
Dr. Jeanne Kirpatrick
P.O.Box 618
Quakertown, Pa. 19051

National Action Forum for Midlife and Older Women
The School of Allied Health Professions
State University of New York
Stony Brook, N.Y. 11794

National Coalition of Older Women's Issues
Suite 822
805 15th Street, N.W.
Washington, D.C. 20005

Media Resources

My Mother, My Father
Tera Nova Films
9848 S. Winchester Ave.
Chicago, Illinois 60643
(312) 881-8491

Sexuality and Aging
GPN
P.O. Box 80669
Lincoln, Nebraska 68501
(800) 228-4630

A Rose by and Other Name
Edward Field Productions
4614 Prospect Ave.
Cleveland, Ohio 44103

A New Life for Rose
Edward Field Productions
4614 Prospect Ave.
Cleveland, Ohio 44103

Grieving: Suddenly Alone
U. of Michigan Media Resources Center
400 Fourth St.
Ann Arbor, Michigan 48103-4816
(313) 764-5360

Resources

American Association of Retired Persons. (1987). A profile of older Americans: 1987. Washington, D.C.: American Association of Retired Persons.

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NIA Information Center
P.O. Box 8057
Garthersburg, MD 20898)

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